

June 08, 2016

ATC Group Services
Attn: Mr. Robert Smith
46555 Humboldt, Suite 100
Novi, MI 48377

Project: Matrix Head Start

Dear Mr. Robert Smith,

Enclosed is a copy of the laboratory report for the following work order(s) received by TriMatrix Laboratories:

Work Order	Received	Description
1605675	05/27/2016	Peter & Paul

This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

ANAB DoD-ELAP/ISO17025 (#ADE-1542); Arkansas DEP (#88-0730/13-049-0); Florida DEP (#E87622-24); Georgia EPD (#E87622-24); Illinois DEP (#200026/003329); Kentucky DEP (AL123065/#0021); Michigan DPH (#0034); Minnesota DPH (#491715); New York ELAP (#11776/53116); North Carolina DNRE (#659); Virginia DCLS (#460153/7952); Wisconsin DNR (#999472650); USDA Soil Import Permit (#P330-14-00305).

Any qualification or narration of results, including sample acceptance requirements and test exceptions to the above referenced programs, is presented in the Statement of Data Qualifications and Project Technical Narrative sections of this report. Estimates of analytical uncertainties and certification documents for the test results contained within this report are available upon request.

If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,



Gary L. Wood
Project Chemist

PROJECT TECHNICAL NARRATIVE(s)

No Project Narrative is associated with this report.

STATEMENT OF DATA QUALIFICATIONS

All analyses have been validated and comply with our Quality Control Program.
No Qualification is required.

ANALYTICAL REPORT

Client: **ATC Group Services**
Project: Matrix Head Start
Client Sample ID: **1-WF-P-PP**
Lab Sample ID: **1605675-01**
Matrix: Drinking Water

Work Order: **1605675**
Description: Peter & Paul
Sampled: 05/26/16 07:30
Sampled By: ATC
Received: 05/27/16 16:45

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	0.0014	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/07/16 11:53	DSC	1605654

ANALYTICAL REPORT

Client: **ATC Group Services**
Project: Matrix Head Start
Client Sample ID: **2-KS-P-PP**
Lab Sample ID: **1605675-03**
Matrix: Drinking Water

Work Order: **1605675**
Description: Peter & Paul
Sampled: 05/26/16 07:38
Sampled By: ATC
Received: 05/27/16 16:45

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/07/16 12:04	DSC	1605654

ANALYTICAL REPORT

Client: **ATC Group Services**
Project: Matrix Head Start
Client Sample ID: **3-KS-P-PP**
Lab Sample ID: **1605675-05**
Matrix: Drinking Water

Work Order: **1605675**
Description: Peter & Paul
Sampled: 05/26/16 07:43
Sampled By: ATC
Received: 05/27/16 16:45

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	0.0015	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/07/16 12:06	DSC	1605654

QUALITY CONTROL REPORT

Metals in Drinking Water by EPA 200 Series Methods

QC Type	Sample Conc.	Spike Qty.	Result	Unit	Spike % Rec.	Control Limits	RPD	RPD Limits	RL
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Analyte: Lead/USEPA-200.8 Rev. 5.4

QC Batch: 1605654 (Metals Direct Analysis)

Analyzed: 06/07/2016 By: DSC

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	0.0386	mg/L	96	85-115			0.0010
1605675-01 [1-WF-P-PP]									
Matrix Spike	0.00142	0.0200	0.0244	mg/L	115	70-130			0.0010
Matrix Spike Duplicate	0.00142	0.0200	0.0245	mg/L	115	70-130	0.3	20	0.0010

PRETREATMENT SUMMARY PAGE

Client: **ATC Group Services**
Project: **Matrix Head Start**

Pretreatment	Lab Sample ID	Batch	By	Date & Time Prepared
USEPA 600/R-94/173	1605675-01	1605654	LNS	06/02/16 08:35
	1605675-03	1605654	LNS	06/02/16 08:35
	1605675-05	1605654	LNS	06/02/16 08:35

For Lab Use Only

5560 Corporate Exchange Court SE, Grand Rapids, MI 49512
Phone (616) 975-4500 Fax (616) 942-7463 www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

Cart 13

VOA Rack/Tray

Client Name
ATC Group Services, LLC

Project Name
Matrix Head Start- Peter & Paul

Address
46555 Humboldt Drive Suite 100

City, State Zip
Novi, MI 48377

Phone: 248-669-5140 Fax 248-669-5147

Project Chemist
Jim McFadden

Work Order No.

Email robert.smith@atcassociates.net

Contact/Report To
Robert Smith

Client Project No. / P.O. No.
188BS16284

Invoice To
☒ Client
☐ Other (comments)

Container Type (corresponds to Container Packing List)

Lead - Primary (P)

Lead - Flush (F) - Hold

Number of Containers Submitted

Total Sample Comments

← PRESERVATIVES

A NONE pH-7

B HNO₃ pH<2

C H₂SO₄ pH<2

D 1+1 HCl pH<2

E NaOH pH>12

F ZnAc₂/NaOH pH>9

G MeOH

H Other (note below)

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	S	O	M	A	B	Matrix	Number of Containers Submitted	Total	Sample Comments
01		1	1-WF-P-PP		5/26/16	730						X DW	X	1	Main Hall @ Ent.
02		2	1-WF-F-PP		5/26/16	731						X DW	X	1	Main Hall @ Ent.
01		3	2-KS-P-PP		5/26/16	738						X DW	X	1	Kitchen
02		4	2-KS-F-PP		5/26/16	739						X DW	X	1	Kitchen
01		5	3-KS-P-PP		5/26/16	743						X DW	X	1	Classroom #1
02		6	3-KS-F-PP		5/26/16	744						X DW	X	1	Classroom #1
		7													
		8													
		9													
		10													

Sampled By (print)

Dominique Greer

Sampler's Signature

[Signature]

Company

How Shipped? Hand Carrier

Tracking No.

1. Relinquished By

[Signature]

Date 5-27-16 Time 12:40

2. Relinquished By

[Signature]

Date 5/27/16 Time 12:40

Comments If lead is above detection limits, please analyze flush samples

PP = Peter & Paul
KS = Kitchen Sink
WF=Water Fountain

3. Relinquished By

[Signature]

Date 5/27/16 Time 16:45

3. Received For Use By

[Signature]

Date 5/27/16 Time 16:45

SAMPLE RECEIVING / LOG-IN CHECKLIST



TRIMATRIX
LABORATORIES

Client: <u>Q.T.C. GROUP</u>	Work Order #:
Receipt Record Page/Line #: <u>4-29</u>	New / Add To Project Chemist: <u>JDN</u> Sample #s:

Recorded by (initials/date): <u>JDN 5/27/16</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received: <u>1</u>	<input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# _____)	Thermometer Used: <input type="checkbox"/> See Additional Cooler Information Form
-------------------------------------------------	--------------------------------------------------------------------------------------------------------------	------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
<u>TR2531</u>	<u>1839</u>							
Custody Seals:		Custody Seals:		Custody Seals:		Custody Seals:		
<input checked="" type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		<input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		<input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		<input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Type:		Coolant Type:		Coolant Type:		Coolant Type:		
<input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input checked="" type="checkbox"/> None		<input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		<input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		<input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		
Coolant Location:		Coolant Location:		Coolant Location:		Coolant Location:		
Dispersed / Top / Middle / Bottom		Dispersed / Top / Middle / Bottom		Dispersed / Top / Middle / Bottom		Dispersed / Top / Middle / Bottom		
Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Present, Temperature Blank Location is:		If Present, Temperature Blank Location is:		If Present, Temperature Blank Location is:		If Present, Temperature Blank Location is:		
<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		
Observed °C	Correction Factor °C	Actual °C	Observed °C	Correction Factor °C	Actual °C	Observed °C	Correction Factor °C	
Temp Blank:			Temp Blank:			Temp Blank:		
Sample 1:	<u>25.7</u>	<u>0</u>	<u>25.7</u>	Sample 1:		Sample 1:		
Sample 2:	<u>24.6</u>	<u>0</u>	<u>24.6</u>	Sample 2:		Sample 2:		
Sample 3:	<u>24.4</u>	<u>0</u>	<u>24.4</u>	Sample 3:		Sample 3:		
3 Sample Average °C: <u>24.9</u>			3 Sample Average °C:			3 Sample Average °C:		
<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received

Yes ☒ No ☐ Chain of Custody record(s)? If No, Initiated By _____

Received for Lab Signed/Date/Time? _____

☐ Shipping document?

☐ Other _____

COC Information

☒ TriMatrix COC ☐ Other _____

COC ID Numbers: 160538701

Check COC for Accuracy

Yes ☒ No ☐ Analysis Requested?

☒ Sample ID matches COC?

☒ Sample Date and Time matches COC?

Container type completed on COC?

☒ All container types indicated are received?

Sample Condition Summary

N/A	Yes	No	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Broken containers/lids?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Missing or incomplete labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Illegible information on labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low volume received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inappropriate or non-TriMatrix containers received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VOC vials / TOX containers have headspace?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extra sample locations / containers not listed on COC?

Check Sample Preservation

N/A ☒ Yes ☐ No ☐

☒ Temperature Blank OR average sample temperature, ≥6° C?

If either is ≥6° C, was thermal preservation required?

If "Yes", Project Chemist Approval Initials: _____

If "Yes" Completed Non Con Cooler - Cont Inventory Form?

Completed Sample Preservation Verification Form?

☒ Samples chemically preserved correctly?

If "No", added orange tag?

☐ Received pre-preserved VOC soils?

☐ MeOH ☐ Na₂SO₄

Check for Short Hold-Time Prep/Analyses

☐ Bacteriological

☐ Air Bags

☐ EnCores / Methanol Pre-Preserved

☐ Formaldehyde/Aldehyde

☐ Green-tagged containers

☐ Yellow/White-tagged 1 L ambers (SV Prep-Lab)

AFTER HOURS ONLY:
COPIES OF COC TO LAB AREA(S)

☒ NONE RECEIVED

☐ RECEIVED, COCs TO LAB(S)

Notes

<input type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC	Cooler Received (Date/Time): <u>JDN 5/27/16</u>	Paperwork Delivered (Date/Time): <u>5/27/16</u>	≤1 Hour Goal Met? Yes / No
-------------------------------------------------------------------------------------------------------	-------------------------------------------------	-------------------------------------------------	-------------------------------

Client: <u>CTC</u>	Work Order #
Receipt Log # <u>4-29</u>	Project Chemist <u>JDR</u>
Completed By (Initials) <u>DN</u> Date <u>5/27/16</u>	

COC ID # <u>160538701</u>				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13	6	15						
Tag Color	Lt. Blue	Blue	Brown	Red	Red Stripe						
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	HNO ₃	HNO ₃						
Expected pH	>12	<2	<2	<2	<2						
COC Line #1				✓							
COC Line #2				✓							
COC Line #3				✓							
COC Line #4				✓							
COC Line #5				✓							
COC Line #6				✓							
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

Comments

pH Strip Reagent #	
<input checked="" type="checkbox"/>	6040263
<input type="checkbox"/>	

Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 6 and 15.

COC ID #				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13	6	15						
Tag Color	Lt. Blue	Blue	Brown	Red	Red Stripe						
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	HNO ₃	HNO ₃						
Expected pH	>12	<2	<2	<2	<2						
COC Line #1											
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

Comments

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5 NaOH	
500	2.5
1000	5.0
Container Type 4 H ₂ SO ₄	
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13 H ₂ SO ₄	
500	2.5